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NO. 3678 P. 1

SEP 19 2005

SAfty Docket No. 02307U-132310US

PTO FAX NO.: 1-571-273-8300

Group Art Unit 3739

cc: ATTENTION: Examiner FARAH, AHMED M @ 1-571-273-4765

## OFFICIAL COMMUNICATION

### CERTIFICATION OF FACSIMILE TRANSMISSION

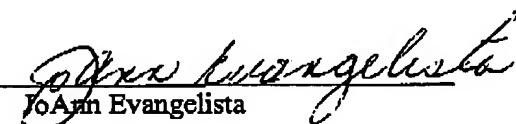
I hereby certify that the following documents in re Application of GEORGE BAERVELDT et al., Application No. 10/052,473, filed January 18, 2002 for MINIMALLY INVASIVE GLAUCOMA SURGICAL TREATMENT AND METHOD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

#### Documents Attached

1. Transmittal
2. Supplemental Response to Office Action

Number of pages being transmitted, including this page: 21

Dated: September 19, 2005

  
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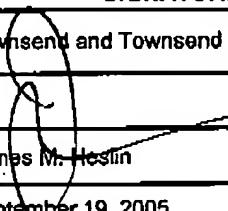
NO. 3678 P. 2

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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/052,473
		Filing Date	January 18, 2002
		First Named Inventor	BAERVELDT, et al.
		Art Unit	3739
		Examiner Name	FARAH, AHMED M
Total Number of Pages in This Submission	20	Attorney Docket Number	02307U-132310US

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Data	September 19, 2005	Reg. No.	29,541

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I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on September 19, 2005.			
Signature			
Typed or printed name	JoAnn Evangelista	Date	September 19, 2005

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Baerveldt, et al. ) Art Unit: 3739  
Serial No.: 10/052,473 ) Examiner: Farah, A.  
Filed: January 18, 2002 )  
For: Minimally Invasive Glaucoma )  
Surgical Treatment and Method )

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SUPPLEMENTAL RESPONSE TO OFFICE ACTION**

Sir:

This is a supplemental response to the office action dated August 25, 2005.

**A Listing of Claims** begins on page 2 of this paper.

**Remarks/Arguments** begin on page 19 of this paper.

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